

## Caregiving Record Card

Person Contacted/Visited:

Date:

Address:

Phone:

Caregiver's Name:

Location of Contact:

Hospital/Rehab:  
Home/Retirement Home  
Phone Only  
Other:

Rites and Sacraments:

Communion  
Baptism  
Healing Rite  
Anointing

Time of Dying Rite  
House/Room Blessing  
Visit to New Visitor  
Care Visit (no rites or sacraments)

What I Found:

Follow-Up Suggestions:

---

### Closure of Caregiving Case

This section is **only** used after the **final visit** for the VCT to indicate the end of ongoing care.  
*Please note: when someone has been hospitalized, the final visit (or offer to visit) should be made when the person is home.*

Date of Final Visit:

*Check one:*

Recovered

Hand-Off to Other VCT:

New Baseline

Recommend to Home Communion List    Yes    No

Other

Deceased

Declined Further Care

---

*Please return this form promptly to the Office Secretary (office@sprucc.org).  
This form can also be given to the Pastor (PastorMotz@sprucc.org) and/or Caregiving Coordinator.  
Please promptly report any concerns and/or needs to the Pastor and/or Caregiving Coordinator directly.*

*In the event of an emergency, endangerment, or threat please immediately report to the patient's nursing station, call 911, or follow the procedure for reporting to Children and Youth Services.*

*Revision: February 21, 2018*